

EASTERN IDAHO PUBLIC HEALTH DISTRICT
APPLICATION TO CONNECT TO AN EXISTING SYSTEM
(VESTED RIGHTS/NON-CONFORMING USES)

Note *Individuals requesting to repair, replace, make changes to an existing structure or dwelling, such as remodeling or connecting to an abandoned system must follow the State's guidelines found on page 30 of the State's Technical Guidance Manual (TGM).

Applicant's Name : _____ **Phone:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Location of System: (Address) _____ **City:** _____

Legal Description: Township: _____ **Range:** _____ **Section:** _____ **¼ Section:** _____ **County:** _____

Subdivision Name: (If applicable) _____ **Division:** _____ **Lot:** _____ **Block:** _____

Please explain nature of request: _____

Plot Plan

Present # of Bedrooms: _____ **Future # of Bedrooms:** _____

Disclaimer: *I understand if approval is given and if this causes the existing septic to fail or violate the intent of the rules that I agree to correct the problem immediately in accordance with current rules. (Includes obtaining a permit.)*

Signature: _____ **Date:** _____

For Official Use Only

Permit on File: Yes No **System Approved:** Yes No **Permit Number:** _____

Name of original permit holder: _____ **Installed by:** _____

If no permit exists or system disapproved, on-site evaluation will be required.

Fee Paid: _____ **Receipt Number:** _____ **Date:** _____

AUTHORIZED TO CONNECT TO EXISTING SYSTEM: **GRANTED** _____ **DENIED** _____

AUTHORIZED TO CONNECT TO ABANDONED SYSTEM: **GRANTED** _____ **DENIED** _____

AUTHORIZED TO ADD ADDITION OR ALTERATIONS: **GRANTED** _____ **DENIED** _____

CONDITIONS and/or COMMENTS: _____

By: _____ **Date:** _____

REHS Signature

Travel Time: ____/____/____ **Inspection Time:** ____/____/____ **Processing Time:** ____/____/____ 08/12/03